

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/26/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G129	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2007
NAME OF PROVIDER OR SUPPLIER IDI			STREET ADDRESS, CITY, STATE, ZIP CODE 3112 WALNUT STREET, NE WASHINGTON, DC 20018	
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W 000	INITIAL COMMENTS	W 000		
W 126	<p>A recertification survey was conducted from November 8, 2007 through November 9, 2007. The survey was initiated using the fundamental survey process. A random sample of two clients were selected from a population of four males with various degrees of disabilities.</p> <p>The findings of this survey were based on observations at the group home, two day programs, interviews with clients and staff at both the group home and day programs, review of clinical and administrative records to include the facility's unusual incident reports.</p> <p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the clients' right to be taught to manage their financial affairs to the extent of their capabilities for one of the two clients in the sample. (Client #2)</p> <p>The finding includes: Interview with Client #2 on November 8, 2007 at approximately 8:20 AM revealed that the client receives a stipend for services performed at his day program. Interview with the day program staff on November 8, 2007 at 11:20 AM confirmed that the client receives a stipend, depending on his attendance.</p>	W 126	<p>W126</p> <p>This standard will be met as evidenced by:</p> <p>QMRP will complete a comprehensive money management assessment for client #2.</p>	<p>2001 DEC - 7 P 12:48</p> <p>RECEIVED DEPARTMENT OF HEALTH HEALTH REGULATION ADMINISTRATION</p> <p>12-14-07 ongoing</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Nancy Branch</i>	TITLE <i>DES</i>	(X6) DATE <i>12/6/07</i>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 126	Continued From page 1	W 126	W126. Continued...		
	Interview with the Qualified Mental Retardation Professional (QMRP) on November 8, 2007 at approximately 3:00 PM revealed that Client #2 had not received a comprehensive money management assessment that outlined his current skills and specific needs in this area. Review of Client #2's Individual Support Plan (ISP) dated June 22, 2007, at approximately 7:20 PM on November 9, 2007 confirmed the QMRP's statement. There was no evidence that Client #2 was taught to manage his finances to the extent of his capability.		QMRP will develop formal a program/s or more general money management activities to assist client #2 in developing additional skills in this area.		
W 156	483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that the results of investigations were reported to the administrator officials within five working days of the incident for one of the two clients in the sample. (Clients #1) The findings include: 1. The facility's unusual incident reports were reviewed on November 8, 2007 at 9:04 AM. An incident dated July 11, 2007 indicated that client #1 was observed bleeding from his head. The client was taken to the emergency room treated and released with a diagnosis of close head injury. During the entrance conference with the Qualified Mental Retardation Professional (QMRP) and house manager on the same day	W 156	QMRP will provide staff training as needed to ensure that clients are given every opportunity to manage their personal finances. W156 This Standard will be met as evidenced by: ◆ QMRP will ensure that all incidents are reported to the administrator within five working days. ◆ Documentation/Verification will be maintained in each individual file.	12-17-07 ongoing	

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W 156	Continued From page 2 revealed that the results of the facility's investigation revealed that the nurse had assaulted the client. The nurse involved in the incident was terminated.	W 156			
W 194	483.430(e)(4) STAFF TRAINING PROGRAM Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible. This STANDARD is not met as evidenced by: Based on observation, staff interview and record verification, the facility failed to demonstrate competency in implementing clients feeding protocols for one of the two clients in the sample (Client #2) The finding includes: The facility failed to ensure staff displayed competency in implementing Client #5's diet order. Observations during the medication on November 8, 2007 at 8:55 AM, revealed that Client #2 received Calcium Carb with Vitamin D and Certagen 4.18.250 tablet as nutritional supplements. During dinner observations at 5:25 PM, Client #2 was observed to receive turkey wings, string beans, stuffing, salad with light dressing, canned peaches, diet ice tea and water. According to the Client #2's feeding protocol dated July 17, 2007 indicated that the client should receive fresh fruit at both lunch and dinner.	W 194	W194 This Standard will be met as evidenced by: ■ QMRP will provide additional training for all staff on each persons mealtime protocol. ■ QMRP/House Manager will continue to monitor meals, provide direction and feedback as needed for staff to further ensure adherence to the meal protocols.	12.7.07 organy	

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W 194	Continued From page 3 Inspection of the kitchen on November 9, 2007 at 10:00 AM revealed a bunch of bananas. Interview with the QMRP confirmed that the Client #2 should receive fresh fruit during his dinner meal. Review of the current physician orders on November 8, 2007 at 1:00 PM confirmed that the client should receive fresh fruit with lunch and dinner.	W 194		
W 227	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that the individual program plan (IPP) included objectives to meet the client's needs for two of the two clients in the sample. (Clients #1 and #2). The findings include: 1. On November 8, 2007 at 7:55 AM, the medication nurse was observed to wash Client #1's hand with hand sanitizer. The client was observed to punch medications from the bubble pack with hand over hand assistance. The medication nurse was observed to pour the client a cup of water and handed the cup to the client. The client took the pills and drank the cup of water. Interview with the LPN indicated that the client participates in a self medication program.	W 227	W227 This Standard will be met as evidenced by: (1) QMRP will review program objectives for Client #1 and Client #2. QMRP will establish and implement self medication programs as needed.	12-14-07 ongoing

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W 227	<p>Continued From page 4</p> <p>Review of Client #1's records on November 8, 2007 at 7:00 PM revealed that the client had a self-medication assessment on July 30, 2007. According to the assessment, the client was not recommended to participate in a self-medication program. Interview with the Qualified Mental Retardation Professional (QMRP) and further record review on November 8, 2007 at 8:00 PM revealed Client #1's IPP on August 1, 2007. Review of the plan and discussion with the QMRP failed to provide evidence of an objective written to assist the client with acquiring skills in the domain of self-medication administration.</p> <p>2. Observation of the morning medication administration on November 8, 2007 at 8:10 AM revealed the that Client #2 bought a cup of water to the medication area. The client required hand over hand assistance to punch the medications from the bubble pack. The LPN gave the client the medication cup and the client complied with taking his medication. The client was then observed to throw the cup into the trash can. Interview with the LPN indicated that the client participates in a self medication program.</p> <p>Review of Client #2's records on November 8, 2007 at 7:00 PM revealed the client had a self-medication assessment on April 1, 2007. According to the assessment, the client was recommended to participate in a self-medication program. Interview with the Qualified Mental Retardation Professional (QMRP) and further record review on November 8, 2007 at 8:00 PM revealed Client #2's IPP dated June 22, 2007. Review of the plan and discussion with the QMRP failed to provide evidence of an objective written to assist the client with acquiring skills in the</p>	W 227	<p>(2) QMRP will review and evaluate. Program objective will be established as needed.</p> <p>• IPP will be updated to reflect specific objectives based on individual needs.</p> <p>• QMRP will provide additional staff training as needed.</p> <p>• Also reference response to #1 W 227</p>	12-17-07 ongoing	

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W 227	Continued From page 5 domain of self-medication administration. 3. On November 8, 2007 at 5:45 PM, direct care staff instructed Client #2 to go into his bedroom and change his clothes for the "Club". The client was observed to go and sit on his bed. The direct care staff was observed entering the client's bedroom and selecting a change of clothing. Interview with the direct care staff indicated that the client required assistance to wear appropriate clothing for the weather. Review of Client #2's psychological assessment indicated that the was able to dress himself but required staff assistance to select appropriate outfits. Interview with the Qualified Mental Retardation Professional (QMRP) and further record review on November 9, 2007 revealed that the client failed to provide evidence of an objective written to assist the client with acquiring skills in the domain of independent dressing.	W 227	(3) QMRP will review and develop program objective as needed. Also reference responses to W 227 (1) & (2).	
W 252	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to ensure that each client's Individual Program Plan (IPP) objectives are documented consistently and accurately for one of two clients in the sample. (Client #1) The finding includes:	W 252	W252 This Standard will be met as evidenced by: QMRP will provide additional staff training on documentation and implementation of individual's behavior support plans.	12-17-07 ongoing

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W 252	Continued From page 6 Observations conducted on November 8, 2007 at 4:00 PM revealed Client #1 hitting the House Manager in the chest. At 4:07 PM, the client was observed grabbing the House Manager's sweater in the chest area. At approximately 5:45 PM, the client was overheard using obscene and derogatory language to House Manager. Review of Client #1 Behavior Support Plan (BSP) dated April 21, 2007, on November 9, 2007 at approximately 10:00 AM revealed that staff were to record target behaviors of aggression on the Antecedent Behavior Consequence (ABC) charts. On November 9, 2007 at 10:10 AM, the review of the data chart revealed that Client #1 had a behavior episode of using obscene and derogatory language. Review of the behavior data failed to reflect the behavior observed on November 8, 2007. There was no evidence that the data had been collected in accordance with the BSP for the client, which was necessary for a functional assessment of the client's progress.	W 252	QMRP/ House Manager will continue monitor documentation and the daily activities of the people to include #1) to further ensure that data is collected in the form and required by the plan.	
W 336	483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that a health status was reviewed by the nursing staff on a quarterly or more frequent basis for one of the two clients in the sample. (Clients #2) The finding includes:	W 336	This Standard will be met as evidenced by: RNs reviewed and updated information on nursing assessment.	11.14.07 ongoing

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W 336	Continued From page 7 Review of Client #2's medical record revealed that her annual nursing assessment was completed on April 1, 2007. Further review of the medical record revealed that the second quarter assessment was incomplete, although the Registered Nurse signed the quarterly review.	W 336	W336... Routine audits will be conducted to further ensure compliance with this standard.		
W 356	483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure comprehensive treatment services for the maintenance of dental health for one of the two clients in the sample. (Client #2) The finding includes: On November 8, 2007, Client #2 was observed wearing partial dentures. Review of the dental consultation dated September 19, 2007 revealed that the client needs scaling of remaining teeth. The need for scaling had been identified in a dental visit on December 21, 2006. There was no evidence that the client received the recommended dental care since December 21, 2006.	W 356	W356 This Standard will be met as evidenced by: Nursing staff will continue to follow-up and document actions taken. Client #2 will be scheduled for a dental appointment once approval has been obtained.	11-30-07 ongoing	
W 368	483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.	W 368	W368 This Standard will be met as evidenced by:	12-12-07 ongoing	

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W 368	Continued From page 8 This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to follow physician orders for one of the two clients in the sample. (Client #3) The finding includes: During the medication administration observation on November 8, 2007 at 8:35 AM, Client #3 was observed rubbing Vanamide 40% cream on his feet. At 4:40 PM, during the evening medication observation, Client #3 was observed rubbing Vanamide 40% cream on his feet. Review of Client #3's current physician orders on November 8, 2007 at approximately 10:00 AM, revealed an order for Vanamide 40% cream to be applied to both feet every day. Interview with the nurse confirmed that the client should receive Vanamide 40% cream to his feet, once a day.	W 368	W368 Nurse will receive additional training on adherence to physician orders. RN will conduct routine medication administration passes to further ensure compliance with this standard and physician orders.	12.12.07 ongoing	
W 379	483.460(l)(1) DRUG STORAGE AND RECORDKEEPING The facility must store drugs under proper conditions of light. This STANDARD is not met as evidenced by: Based on observation, and staff interview, the facility failed to store drugs under proper conditions of light. The finding includes: On November 8, 2007 at 7:55 AM, the medication nurse arrived in the facility to administer the morning medications. When the nurse unlocked	W 379	W379 This Standard will be met as evidenced by: The light in the medication closet has been replaced.	11.10.07 ongoing	

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W 379	Continued From page 9 the medication cabinet there was no light in the closet or in the room leading to the closet. On November 9, 2007 at approximately 10:00 AM, the day nurse was asked to open the medication cabinet. The day nurse opened the closed and again there was no light inside the closet.	W 379	W 379, continued...	
W 383	483.460(I)(2) DRUG STORAGE AND RECORDKEEPING Only authorized persons may have access to the keys to the drug storage area. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to have only authorized persons have access to the keys to the drug storage area. The finding includes: On November 8, 2007 at 7:55 AM, the medication nurse arrived to the facility to administer the morning medications. The medication nurse retrieved a key from a binder labeled "Medication Administration Record (MAR)" on a bookshelf in the basement. The bookshelf stored both clinical and medical records for the clients in the facility. The nurse then used the key and opened the locked cabinet where the clients medications were stored. The QMRP was informed of the location of the medication key. On November 9, 2007 at approximately 10:00 AM, the day nurse was asked to open the medication cabinet. The day nurse was observed to retrieve a key from a binder labeled MAR on a bookshelf in the basement. The bookshelf stored	W 383	W 383 This Standard will be met as evidenced by: The facility replaced the lock which can only be assessed by authorized persons. A key is no longer being used. Medical staff are expected to report concerns to the RN.	11.10.07 ongoing

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W 383	Continued From page 10 both clinical and medical records for the clients in the facility. The nurse then used the key and opened the locked cabinet where the clients medications were stored.	W 383		
W 436	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, staff interview and record verification, the facility to teach clients to use tolerate their eyeglasses for one of the two clients included in the sample. (Client #2) The finding includes: On November 8, 2007 at 7:55 AM, the medication nurse indicated that Client #2 wore prescription eyeglasses. Interview with the client at 8:10 AM indicated that his eyeglasses were in his bedroom. The direct care staff directed the client to retrieve them. The client did so. The client handed the eyeglasses to the staff and staff was observed cleaning the client's eyeglasses. Review of the nursing monthly noted dated September 2007 indicated that the client needed reminder to wear, clean and maintenance of eyeglasses. According to the Individual Program Plan (IPP) dated June 22, 2007 revealed no evidence of a	W 436 This Standard will be met as evidenced by: Qmep will review and evaluate client #2's needs in this area. Qmep will develop a formal program objective as needed. Qmep will provide additional staff training as needed Qmep will update IPP to reflect formal objectives.	11/17/07 ongoing	

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W 436	Continued From page 11	W 436		
W 460	483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observation, staff interview and record verification, the facility failed to provide modified diet for one of the two clients in the sample (Client #2) The finding includes: The facility failed to ensure staff displayed competency in implementing Client #5's diet order. Observations during the medication on November 8, 2007 at 8:55 AM, revealed that Client #2 received Calcium Carb with Vitamin D and Certagen 4.18.250 tablet as nutritional supplements. During dinner observations at 5:25 PM, Client #2 was observed to receive turkey wings, string beans, stuffing, salad with light dressing, canned peaches, diet ice tea and water. According to the Client #2's feeding protocol dated July 17, 2007 indicated that the client should receive fresh fruit at both lunch and dinner. Inspection of the kitchen on November 9, 2007 at 10:00 AM revealed a bunch of bananas. Interview with the QMRP confirmed that the Client #2 should receive fresh fruit during his dinner	W 460	W460 This Standard will be met as evidenced by: Reference response to W444.	12.17.07 ongoing

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/26/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G129	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2007
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NAME OF PROVIDER OR SUPPLIER IDI	STREET ADDRESS, CITY, STATE, ZIP CODE 3112 WALNUT STREET, NE WASHINGTON, DC 20018
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W 460	Continued From page 12 meal. Review of the current physician orders on November 8, 2007 at 1:00 PM confirmed that the client should receive fresh fruit with lunch and dinner. There was no evidence that the facility implemented Client #2's feeding protocol.	W 460		

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1 000	INITIAL COMMENTS A re-licensure survey was conducted from November 8, 2007 through November 9, 2007. The survey was initiated using the fundamental survey process. A random sample of two residents were selected from a population of four males with various degrees of disabilities. The findings of this survey were based on observations at the group home, two day programs, interviews with residents and staff at both the group home and day programs, review of clinical and administrative records to include the facility's unusual incident reports.	1 000		
1 224	3510.5(a) STAFF TRAINING Each training program shall include, but not be limited to, the following: (a) Overview of mental retardation including, but not limited to, definition, causes of mental retardation, associated health implications, and frequently used medications, the history of care of individuals with mental retardation, and daily living skills; This Statute is not met as evidenced by: Based on observation, staff interview and record review, the GHMRP failed to ensure effective training was provide to each staff. The finding include: Review of the training records on November 9, 2007, revealed that the GHMRP failed to provide training in overview of mental retardation.	1 224	1224 3510.5(a) This statute will be met as evidenced by: All staff will receive additional training on overview of mental retardation. Reference 3510.5(b) 3510.5(b) This Statute will be met as evidenced by: QMRP will follow-up to ensure that all staff receive additional staff training on Human development. All staff received training at the time of hire.	12.14.07 ongoing
1 225	3510.5(b) STAFF TRAINING	1 225		

Health Regulation Administration

Mary Branch
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
DRS

(X8) DATE
12/6/07

DATE FORM

6599

HLN711

If continuation sheet 1 of 10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G129	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2007
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I 225	Continued From page 1 Each training program shall include, but not be limited to, the following: (b) Human development through the life cycle (birth to death); This Statute is not met as evidenced by: Based on record review, the GHMRP failed to ensure effective training was provide to each staff. The finding includes: Review of the training records on November 9, 2007 revealed that the GHMRP failed to provide training in Human Development.	I 225		
I 229	3510.5(f) STAFF TRAINING Each training program shall include, but not be limited to, the following: (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies; This Statute is not met as evidenced by: Based on review of training documents, the GHMRP failed to provide evidence to validate staff training as indicated by residents' need. The finding includes: Review of the training records on November 9, 2007, the GHMRP failed to provide training on communication and assistive techniques.	I 229	1229 3510.5(F) This statute will be met as evidenced by: GMRP will ensure that all staff receive additional staff training on communication and assistive techniques. Home Manager will continue to monitor training records and update staff training as needed.	12.14.07 ongoing

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I 424	Continued From page 2	I 424		
I 424	<p>3521.5(a) HABILITATION AND TRAINING</p> <p>Each GHMRP shall make modifications to the resident's program at least every six (6) months or when the client:</p> <p>(a) Has successfully completed an objective or objectives identified in the Individual Habilitation Plan;</p> <p>This Statute is not met as evidenced by: Based on observation, staff interview and record verification, the facility to teach residents to use tolerate their eyeglasses for one of the two residents included in the sample. (Resident #2)</p> <p>The finding includes:</p> <p>On November 8, 2007 at 7:55 AM, the medication nurse indicated that Resident #2 wears prescription eyeglasses. Interview with the resident at 8:10 AM indicated that his eyeglasses were in his bedroom. The direct care staff directed the resident to retrieve them. The resident did so. The resident handed the eyeglasses to the staff and staff was observed cleaning the resident's eyeglasses.</p> <p>Review of the nursing monthly noted dated September 2007 indicated that the resident needs reminder to wear, clean and maintenance of eyeglasses.</p> <p>According to the Individual Program Plan (IPP) dated June 22, 2007 revealed no evidence of a training program in this domain.</p>	<p>I 424</p> <p>1424 3521.5 (a)</p> <p>This Statute will be met as evidenced by:</p> <p>Reference response to federal deficiency report W436,</p>	12/14/07 ongoing	
I 434	<p>3521.7(d) HABILITATION AND TRAINING</p> <p>The habilitation and training of residents by the</p>	I 434	<p>1434 3521.7 (d)</p>	

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I 434	Continued From page 3 GHMRP shall include, when appropriate, but not be limited to, the following areas: (d) Dressing (including purchasing, selecting, and access to clothing); This Statute is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to training residents in the domain of selecting clothing for one of the two residents in the sample. (Resident #2) The finding includes On November 8, 2007 at 5:45 PM, direct care staff instructed Resident #2 to go into his bedroom and change his clothes for the "Club". The resident was observed to go and sit on his bed. The direct care staff was observed entering the resident's bedroom and selecting a change of clothing. Interview with the direct care staff indicated that the resident requires assistance to wear appropriate clothing for the weather. Review of Resident #2's psychological assessment indicated that the is able to dress himself but requires staff assistance to select appropriate outfits. Interview with the Qualified Mental Retardation Professional (QMRP) and further record review on November 9, 2007 revealed Resident #2's IPP dated June 22, 2007. Review of the plan and discussion with the QMRP failed to provide evidence of an objective written to assist the resident with acquiring skills in the domain of independent dressing.	I 434	1434 . continued. . . Reference response to Federal Deficiency Report W126 & W227.	12-14-07
I 436	3521.7(f) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not	I 436	1436 3521.7(f)	

Health Regulation Administration
STATE FORM

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If continuation sheet 4 of 10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G129	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2007
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1436	<p>Continued From page 4</p> <p>be limited to, the following areas:</p> <p>(f) Health care (including skills related to nutrition, use and self-administration of medication, first aid, care and use of prosthetic and orthotic devices, preventive health care, and safety);</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to ensure the habilitation and training of residents in the domain of nutrition and self medication.</p> <p>The finding includes:</p> <p>1. The facility failed to ensure staff displayed competency in implementing Resident #5's diet order.</p> <p>a. Observations during the medication on November 8, 2007 at 8:55 AM, revealed that Resident #2 received Calcium Carb with Vitamin D and Certagen 4.18.250 tablet as nutritional supplements. During dinner observations at 5:25 PM, the resident was observed to receive turkey wings, string beans, stuffing, salad with light dressing, canned peaches, diet ice tea and water.</p> <p>According to the Resident #2's feeding protocol dated July 17, 2007 indicated that the resident should receive fresh fruit at both lunch and dinner.</p> <p>Inspection of the kitchen on November 9, 2007 at 10:00 AM revealed no evidence of any fresh fruits. Interview with the QMRP confirmed that the Resident #2 should receive fresh fruit during his dinner meal. Review of the current physician orders on November 8, 2007 at 1:00 PM confirmed that the resident should receive fresh</p>	1436	<p>1436 3521, 7 (f) continued ...</p> <p>This Statute will be met as evidenced by:</p> <p>Reference responses to Federal Deficiency report W126, W194, W227, & W252.</p>	12.17.07 ongoing

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I 436	<p>Continued From page 5</p> <p>fruit with lunch and dinner.</p> <p>There was no evidence that the facility implemented Resident #2's feeding protocol.</p> <p>2. The GHMRP failed to train Residents to administer their medications.</p> <p>a. Observation of the morning medication administration on November 8, 2007 at 7:55 AM, the medication nurse washed Resident #1's hand with hand sanitizer. The resident was observed to punch to medications from the bubble pack with hand over hand assistance. The medication nurse was observed to pour the resident a cup of water and handed the cup to the resident. The client took the pills and drank the cup of water. Interview with the LPN indicated that the resident participates in a self medication program.</p> <p>Review of Resident #1's records on November 8, 2007 at 7:00 PM revealed the client's Self-Medication Assessment dated July 30, 2007. According to the assessment, the resident was not recommended to participate in a self-medication program, but recommendations for the client to participate in the self administration or his oral medication at the maximum level of participation like getting "his own fluid to take medication; pick up the cup from the table or from the nurse; to swallow medication independently; throw empty medication cup in the trash and take the empty cup to the kitchen." Specific goals and corresponding program objectives was not documented on the assessment. Interview with the Qualified Mental Retardation Professional (QMRP) and further record review on November 8, 2007 at 8:00 PM revealed Resident #1's IPP dated August 1, 2007. Review of the plan and discussion with the</p>	I 436		

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I 436	Continued From page 6 QMRP failed to provide evidence of an objective written to assist the resident with acquiring skills in the domain of self-medication administration. b. Observation of the morning medication administration on November 8, 2007 at 8:10 AM revealed the that Resident #2 bought a cup of water to the medication area. The resident required hand over hand assistance to punch the medications from the bubble pack. The LPN gave the resident the medication cup and the resident complied with taking his medication. The resident was then observed to throw the cup into the trash can. Interview with the LPN indicated that the resident participates in a self medication program. Review of Resident #2's records on November 8, 2007 at 7:00 PM revealed the resident's Self-Medication Assessment dated April 1, 2007. According to the assessment, the resident was recommended to participate in a self-medication program, but the specific goal and corresponding program objective was not documented on the assessment. Interview with the QMRP and further record review on November 8, 2007 at 8:00 PM revealed Resident #2's IPP dated June 22, 2007. Review of the plan and discussion with the QMRP failed to provide evidence of an objective written to assist the resident with acquiring skills in the domain of self-medication administration. 3. The facility failed ensure residents were trained to administer their own medications. (See W227)	I 436		
I 443	3521.7(m) HABILITATION AND TRAINING The habilitation and training of residents by the	I 443		

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1443	Continued From page 7 GHMRP shall include, when appropriate, but not be limited to, the following areas: (m) Financial management (including budgeting and banking); This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the clients' right to be taught to manage their financial affairs to the extent of their capabilities for one of the two clients in the sample. (Resident#2) The finding includes: Interview with Resident #2 on November 8, 2007 at approximately 8:20 AM revealed that the resident receives a stipend. Interview with the day program staff on November 8, 2007 at 11:20 AM confirmed that the resident receives a stipend, depending on his attendance. Interview with the Qualified Mental Retardation Professional (QMRP) on November 8, 2007 at approximately 3:00 PM revealed that Resident #2 had not received a comprehensive money management assessment that outlined his current skills and specific needs in this area. Review of Resident #2's Individual Support Plan (ISP) dated June 22, 2007, at approximately 7:20 PM on November 9, 2007 confirmed the QMRP's statement. There was no evidence that Resident #2 was taught to manage his finances to the extent of his capability.	1443	1443 3521.7(m) This Statute will be met as evidenced by: Reference response to Federal Deficiency report W126.		12.17.07. ongoing
1473	3522.4 MEDICATIONS The Residence Director shall report any irregularities in the resident's drug regimens to the prescribing physician.	1473	1473 3522.4 Medications		

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1473	Continued From page 8 This Statute is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to follow physician orders for one of the two residents in the sample. (Resident #3) The finding includes: During the medication administration observation on November 8, 2007 at 8:35 AM, Resident #3 was observed rubbing Vanamide 40% cream on his feet. At 4:40 PM, during the evening medication observation, Resident #3 was observed rubbing Vanamide 40% cream on his feet. Review of Resident #3's current physician orders on November 8, 2007 at approximately 10:00 AM, revealed an order for Vanamide 40% cream to be applied to both feet every day. Interview with the nurse confirmed that the resident should receive Vanamide 40% cream to his feet, once a day.	1473	1473 This Statute will be met as evidenced by: Reference responses to W368. Nurses will also receive additional training expectations to report irregularities to the prescribing physician.	12.12.07 ongoing	
1483	3522.10 MEDICATIONS Each medication shall be stored under proper conditions of light and temperature as indicated on its label. This Statute is not met as evidenced by: Based on observation, and staff interview, the facility failed to store drugs under proper conditions of light. The finding includes: On November 8, 2007 at 7:55 AM, the medication nurse arrived in the facility to administer the morning medications. When the nurse unlocked	1483	1483 3522.10 This Statute will be met as evidenced by: Reference response to Federal Deficiency report. W379.	11.10.07 ongoing	

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1483	Continued From page 9 the medication cabinet there was no light in the closet or in the room leading to the closet. On November 9, 2007 at approximately 10:00 AM, the day nurse was asked to open the medication cabinet. The day nurse opened the closed and again there was no light inside the closet.	1483			

Survey Period

From: 11/8/07

To: 11/9/07

Provider Name: IDI

Provider Number: 09G129

Provider Address 3112 Walnut St., NE

Names	Functional Level	Core	Add-On	Client Identifiers
Elliot James	Mild	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#1
Alvin Lofton	Moderate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	#2
William O. Jackson	Moderate	<input type="checkbox"/>	<input type="checkbox"/>	#3
William H. Jackson	Moderate	<input type="checkbox"/>	<input type="checkbox"/>	#4
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

To: Pat Van Buren, DHS
ms. Wallace

From: Nancy Branch, IDI

Subject: POC for 3112 Walnut

Telephone/Fax: 21442-9430

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health

Health Regulation
& Licensing Administration



SENT via FACSIMILE and US MAIL

November 26, 2007

Ron Raghunandan
CEO/CFO
Individual Development, Inc.
1420 N Street, NW Suite 9
Washington, DC 20005

RE: 3112 Walnut Street, NE

Dear Mr. Raghunandan:

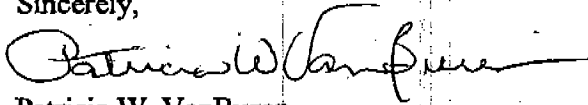
You will find enclosed a Statement of Deficiencies reports for federal certification and licensure. The reports enumerate deficiencies found as a result of the survey conducted on November 9, 2007. You are required to respond to each deficiency. Although a reasonable period of time may be allowed for actual correction of these deficiencies, it is imperative that your plan be signed with a specific date for anticipated completion and returned to this office prior to **December 6, 2007**. Since these reports are subject to public disclosure, it is necessary that the responses be indicated on the original forms (and not on an attachment, except if submitting a copy of a policy change). NOTE: "Corrected" is not an accepted reply. The plan **MUST** also include the following.

- **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;**
- **How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;**
- **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and**
- **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented.**

PLEASE NOTE: Plans of Correction not adhering to the above requirements will not be considered acceptable. Also, failure to submit acceptable plans, within the specified time frame, MAY result in the loss of Medicaid reimbursement.

If you have any questions or concerns regarding the above, please contact Ms. Sheila Pannell, Supervisory Health Service Program Specialist, Intermediate Care Facilities Division on (202) 442-5888.

Sincerely,



Patricia W. VanBuren
Program Manager

Enclosures

cc: Medical Assistance Administration
Department on Disability Services